

IN THE DISTRICT COURT OF THE SECOND CIRCUIT DIVISION STATE OF HAWAI‘I	
Plaintiff(s)	Civil No.
Defendant(s)	Plaintiff(s)/Plaintiff(s)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)

COMPLAINT	
1.	This Court has jurisdiction over this matter and venue is proper. The Plaintiff(s) seeks the following relief: <input type="checkbox"/> Return of Personal Property (Hawai‘i Revised Statutes §604-6.1) <input type="checkbox"/> Immediate Possession of Personal Property (Hawai‘i Revised Statutes Chapter 654) (BOND ATTACHED) <input type="checkbox"/> Replevin by Owner/Lessor/Seller (Hawai‘i Revised Statutes §490:2A-521, et seq.)
2.	Plaintiff(s) was, and now is, the owner/lessor/seller of the personal property described below. Defendant(s) holds said personal property against the rights of the Plaintiff(s). (Note: If this action is filed under Hawai‘i Revised Statutes §604-6.1, the value of property cannot exceed \$5,000.)
3.	Before filing this action Plaintiff(s) demanded that Defendant(s) turn over possession of said personal property, but Defendant(s) refused and still refuses to turn over said personal property to Plaintiff(s).
4.	The property has not been taken for a tax assessment, or fine pursuant to a statute, or seized under an execution or an attachment against the Plaintiff(s) or the Plaintiff(s)' property, or if so seized, that it is by statute exempt from such seizure.
5.	All persons having or claiming an interest in the personal property have been named as Defendant(s) in this action.
6.	Plaintiff(s) asks for an order awarding possession of the personal property described below, or, in the alternative, for judgment for the sum shown below. In addition, the Court may award court costs, interest and reasonable attorney's fees.

PERSONAL PROPERTY	
DESCRIPTION	SERIAL # OR OTHER ID MARK
VALUE	
TOTAL VALUE \$	

Date:	Signature of Plaintiff(s)/Plaintiff(s)' Attorney:
	Print/Type Name:

In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 244-2852, FAX 244-2849, or TTY 244-2865 at least ten (10) working days in advance of your hearing or appointment date.

COMPRPL.X (Amended 4/18/97)v	I certify that this is a full, true and correct copy of the original on file in this office.
	Clerk, District Court of the above Circuit, State of Hawai‘i